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## APPLICANTS

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\*\* CONTINUING DATA \*\*\*\*\* *NONE kp*

\*\* FOREIGN APPLICATIONS \*\*\*\*\* *NONE kp*

IF REQUIRED, FOREIGN FILING LICENSE  
GRANTED \*\* 03/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> NJ	<b>SHEETS DRAWING</b> 10	<b>TOTAL CLAIMS</b> 15	<b>INDEPENDENT CLAIMS</b> 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>kp</i> Initials				

## ADDRESS

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## TITLE

Printing control interface system and method with handwriting discrimination capability

<b>FILING FEE RECEIVED</b> 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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